



**California Department of Public Health  
Food and Drug Branch  
STAKE Enforcement Unit  
Stop Teen Access to Cigarettes Questionnaire**

Did you personally witness the illegal sale of tobacco to a person who appeared to be under the age of 18? Yes \_\_\_\_ No \_\_\_\_

If no, what is the source of your information? \_\_\_\_\_

Give the name and street address of the store, include city and zip code.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give the date and approximate time of the illegal sale. \_\_\_\_\_

If you are willing, please give your name, address and phone number.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you wish to remain anonymous, please leave your zip code for our records.

\_\_\_\_\_

Where did you see the 800# posted? \_\_\_\_\_

Were there single cigarettes sold at this location? \_\_\_\_\_

What type of store was it? Supermarket \_\_\_\_ Market \_\_\_\_ Gas Station \_\_\_\_

Convenience store \_\_\_\_ Liquor \_\_\_\_ Drug \_\_\_\_

Tobacco \_\_\_\_ Other (specify): \_\_\_\_\_

Please print, fill in all known information and mail to:

California Department of Public Health  
Food and Drug Branch  
STAKE Enforcement Unit, MS 7602  
Attn: STAKE Program Manager  
P O. Box 997435  
Sacramento, CA 95899-7435

**Thank you for your support**